

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WISCONSIN

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UNITED STATES OF AMERICA,

Plaintiff,

v.

Case No. 19-CV-0834

SHOREWOOD FAMILY MEDICAL CLINIC, SC,

Defendant.

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COMPLAINT

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NOW COMES the plaintiff, United States of America, by and through its attorneys, Matthew D. Krueger, United States Attorney for the Eastern District of Wisconsin, and Lisa Yun, Assistant United States Attorney for said district, and hereby states as its civil complaint against the defendant, Shorewood Family Medical Clinic, SC, as follows:

1. The United States District Court for the Eastern District of Wisconsin has jurisdiction over the subject matter of this civil action pursuant to Title 28, United States Code, Section 1345. Venue is proper pursuant to Title 28, United States Code, Section 1391.

2. The plaintiff, United States of America, is a sovereign body responsible for the conduct and operation of government. Through the Office of the United States Attorney for the Eastern District of Wisconsin, United States Department of Justice, it is responsible for the enforcement and collection of civil debts due and owing to the agencies, offices, and units of the United States of America.

3. Upon information and belief, the defendant, Shorewood Family Medical Clinic, SC, is a business operating at 4400 Sheridan Road, Kenosha, Wisconsin 53142, in the State and Eastern District of Wisconsin. As set forth in this complaint, the defendant is presently indebted to the plaintiff.

4. As described in the Certificates of Indebtedness attached to this complaint as Exhibits A through H, the defendant owes the plaintiff the principal monetary sum of \$277,845.77, plus interest.

5. This debt arises from multiple Medicare benefit overpayments paid to the defendant from July 2016 to October 2016.

6. To date, the defendant has not paid the indebtedness to the plaintiff in full, although the plaintiff has made demand for payment.

WHEREFORE, the plaintiff, United States of America, hereby requests that the Court enter a civil judgment against the defendant for the following eight claims. The first four claims are current through March 18, 2019, and have additional interest accruing thereafter and to the date of the entry of judgment at the annual rate of 10%:

\$108,583.68 in principal; \$28,966.95 in interest;

\$50,529.22 in principal; \$13,396.03 in interest;

\$43,335.04 in principal; and \$11,489.24 in interest; and

\$41,136.45 in principal; \$10,975.34 in interest.

The last four claims are current through March 18, 2019, and have additional interest accruing thereafter and to the date of the entry of judgment at the annual rate of 9.62%:

\$3,234.79 in principal; \$756.88 in interest;

\$17,110.07 in principal; \$3,668.26 in interest;

\$4,404.99 in principal; \$1,064.66 in interest; and

\$9,511.53 in principal; \$2,160.24 in interest.

After judgment is entered, a new post-judgment interest rate will apply and interest will accrue on all claims at the legal rate until the indebtedness is paid in full.

The plaintiff, United States of America, further requests that the Court award it those reasonable costs and expenses incurred in the litigation of this action, along with such other legal and equitable relief as it deems appropriate.

Respectfully submitted at Milwaukee, Wisconsin this 4th day of June, 2019.

MATTHEW D. KRUEGER  
United States Attorney

By: /s/ Lisa Yun

LISA YUN  
Assistant United States Attorney  
State Bar #: 1078905  
Attorney for the Plaintiff  
530 Federal Building  
517 East Wisconsin Avenue  
Milwaukee, Wisconsin 53202-4580  
Telephone No.: (414) 297-1700  
Fax No.: (414) 297-4394  
[Lisa.Yun@usdoj.gov](mailto:Lisa.Yun@usdoj.gov)

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

Place an "X" in the appropriate box (required): ☐ Green Bay Division ☐ Milwaukee Division

## I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff \_\_\_\_\_  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

## DEFENDANTS

County of Residence of First Listed Defendant \_\_\_\_\_  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |                                         | PTF                        | DEF                        |                                                               | PTF                        | DEF                        |
|-----------------------------------------|----------------------------|----------------------------|---------------------------------------------------------------|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation                                                | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

## V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

/s/ Lisa Yun

## FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING JEP

JUDGE

MAG. JUDGE

**INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44**

## Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use
- (b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the
- (c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here. United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box. Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)
- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: [Nature of Suit Code Descriptions](#).
- V. Origin.** Place an "X" in one of the seven boxes.  
Original Proceedings. (1) Cases which originate in the United States district courts.  
Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441.  
Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing  
Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.  
Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.  
Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C.  
Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.  
**PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7.** Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.
- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service
- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.  
Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.  
Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

**Date and Attorney Signature.** Date and sign the civil cover sheet.



DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, DC 20227

ACTING ON BEHALF OF  
U.S. Department of Health and Human Services,  
Centers for Medicare and Medicaid Services  
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and  
Address(es):

Shorewood Family Medical Clinic, S.C.  
4400 Sheridan Road  
Kenosha, WI 53140

Treasury Claim # TRFM1600413005

Total debt due United States as of March 18, 2019:


Principal: \$108,583.68  
Interest (@10.0%): \$ 28,966.95  
TOTAL: \$137,550.63

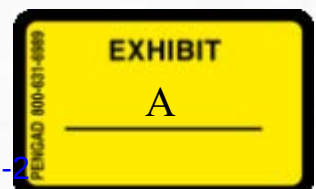
The claim arose in connection with the debtor's July 2016 failure to repay a Medicare benefits overpayment owed to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for medical services which were incorrectly reimbursed to debtor under the Medicare program, pursuant to standards established by 42 U.S.C. 405.

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Date:

3/18/2019

  
Regina Crisafulli  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service





DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, DC 20227

ACTING ON BEHALF OF  
U.S. Department of Health and Human Services,  
Centers for Medicare and Medicaid Services  
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and  
Address(es):

Shorewood Family Medical Clinic, S.C.  
4400 Sheridan Road  
Kenosha, WI 53140

Treasury Claim # TRFM1600416225

Total debt due United States as of March 18, 2019:

Principal: \$50,529.22  
Interest (@10.0%): \$13,396.03  
TOTAL: \$63,925.25

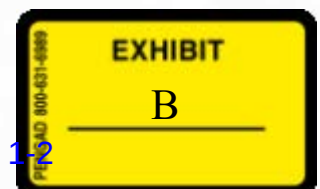
The claim arose in connection with the debtor's July 2016 failure to repay a Medicare benefits overpayment owed to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for medical services which were incorrectly reimbursed to debtor under the Medicare program, pursuant to standards established by 42 U.S.C. 405.

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Date:

3/18/2019

Regina Crisafulli  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service







DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, DC 20227

ACTING ON BEHALF OF  
U.S. Department of Health and Human Services,  
Centers for Medicare and Medicaid Services  
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and  
Address(es):

Shorewood Family Medical Clinic, S.C.  
4400 Sheridan Road  
Kenosha, WI 53140

Treasury Claim # TRFM1600416325

Total debt due United States as of March 18, 2019:

Principal: \$43,335.04

Interest (@9.62%): \$11,489.24

TOTAL: \$54,824.28

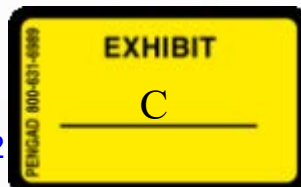
The claim arose in connection with the debtor's July 2016 failure to repay a Medicare benefits overpayment owed to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for medical services which were incorrectly reimbursed to debtor under the Medicare program, pursuant to standards established by 42 U.S.C. 405.

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. 5

Date:

3/18/2019

Regina Crisafulli  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service







DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, DC 20227

ACTING ON BEHALF OF  
U.S. Department of Health and Human Services,  
Centers for Medicare and Medicaid Services  
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and  
Address(es):

Shorewood Family Medical Clinic, S.C.  
4400 Sheridan Road  
Kenosha, WI 53140

Treasury Claim # TRFM1600413006

Total debt due United States as of March 18, 2019:

Principal: \$41,136.45  
Interest (@10.0%): \$10,975.34  
TOTAL: \$52,111.79

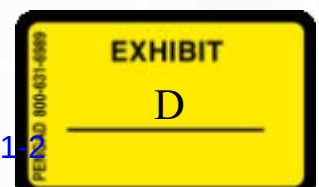
The claim arose in connection with the debtor's July 2016 failure to repay a Medicare benefits overpayment owed to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for medical services which were incorrectly reimbursed to debtor under the Medicare program, pursuant to standards established by 42 U.S.C. 405.

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Date:

3/18/2019

Regina Crisafulli  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service





DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, DC 20227

ACTING ON BEHALF OF  
U.S. Department of Health and Human Services,  
Centers for Medicare and Medicaid Services  
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and  
Address(es):

Shorewood Family Medical Clinic, S.C.  
4400 Sheridan Road  
Kenosha, WI 53140

Treasury Claim # TRFM1600433420

Total debt due United States as of March 18, 2019:

Principal: \$3,234.79  
Interest (@9.62%): \$ 756.884  
TOTAL: \$3,991.63

The claim arose in connection with the debtor's July 2016 failure to repay a Medicare benefits overpayment owed to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for medical services which were incorrectly reimbursed to debtor under the Medicare program, pursuant to standards established by 42 U.S.C. 405.

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Date:

3/18/2019

Regina Crisafulli  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service





DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, DC 20227

ACTING ON BEHALF OF  
U.S. Department of Health and Human Services,  
Centers for Medicare and Medicaid Services  
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and  
Address(es):

Shorewood Family Medical Clinic, S.C.  
4400 Sheridan Road  
Kenosha, WI 53140

Treasury Claim # TRFM1700003346

Total debt due United States as of March 18, 2019:

Principal: \$17,110.07  
Interest (@9.62%): \$ 3,668.26  
TOTAL: \$21,278.33

The claim arose in connection with the debtor's August 2016 failure to repay a Medicare benefits overpayment owed to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for medical services which were incorrectly reimbursed to debtor under the Medicare program, pursuant to standards established by 42 U.S.C. 405.

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Date:

3/18/2019

  
Regina Crisafulli  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service





DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, DC 20227

ACTING ON BEHALF OF  
U.S. Department of Health and Human Services,  
Centers for Medicare and Medicaid Services  
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and  
Address(es):

Shorewood Family Medical Clinic, S.C.  
4400 Sheridan Road  
Kenosha, WI 53140

Treasury Claim # TRFM1700035403

Total debt due United States as of March 18, 2019:

Principal: \$4,404.99  
Interest (@9.62%): \$1,064.66  
TOTAL: \$5,470.45

The claim arose in connection with the debtor's August 2016 failure to repay a Medicare benefits overpayment owed to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for medical services which were incorrectly reimbursed to debtor under the Medicare program, pursuant to standards established by 42 U.S.C. 405.

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Date:

3/18/2019

Regina Crisafulli  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service





DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, DC 20227

ACTING ON BEHALF OF  
U.S. Department of Health and Human Services,  
Centers for Medicare and Medicaid Services  
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and  
Address(es):

Shorewood Family Medical Clinic, S.C.  
4400 Sheridan Road  
Kenosha, WI 53140

Treasury Claim # TRFM1700627147


Total debt due United States as of March 18, 2019:

Principal: \$9,511.53  
Interest (@9.62%): \$2,160.24  
TOTAL: \$11,671.77

The claim arose in connection with the debtor's October 2016 failure to repay a Medicare benefits overpayment owed to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for medical services which were incorrectly reimbursed to debtor under the Medicare program, pursuant to standards established by 42 U.S.C. 405.

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Date: 3/18/2019

  
Regina Crisafulli  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WISCONSIN

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UNITED STATES OF AMERICA,

Plaintiff,

Case No: 19-CV-0834

v.

SHOREWOOD FAMLY MEDICAL CLINIC, SC,

Defendant.

---

NOTICE OF LAWSUIT AND REQUEST FOR WAIVER OF SERVICE OF SUMMONS

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TO: SHOREWOOD FAMLY MEDICAL CLINIC, SC

The enclosed complaint is served upon you pursuant to Rule 4(d) of the Federal Rules of Civil Procedure.

A lawsuit has been commenced against you. A copy of the complaint is attached to this notice. It has been filed in the United States District Court for the Eastern District of Wisconsin and has been assigned docket number 19-CV-0834.

This is not a formal summons or notification from the court but rather a request that you sign and return this waiver of service in order to save the costs of serving you with a judicial summons and an additional copy of the complaint. The cost of service will be avoided if I receive a signed copy of the waiver within 30 days after the date designated below as the date on which this Notice and Request is sent. I am enclosing a stamped, self-addressed envelope for your use. An extra copy of the waiver is also attached for your records.

If you comply with this request and return the signed waiver, it will be filed with the court and no summons will be served upon you. The action will then proceed as if you had been served on the date the waiver is filed, except that you will not be required to answer the complaint before 60 days from the date designated below as the date on which this notice is sent.

If you do not return the signed waiver within the time indicated, I will take appropriate steps to effect formal service in a manner authorized by the Federal Rules of Civil Procedure and will then, to the extent authorized by those rules, ask the court to require you to pay the full costs of such service. Accordingly, please read the statement concerning the duty of parties to waive the service of the summons, which is set forth at the bottom of the waiver form.

I affirm that this request is being sent to you on behalf of the plaintiff, this 4th day of June, 2019.

/s/ Lisa Yun

LISA YUN

Assistant United States Attorney

## **WAIVER OF SERVICE OF SUMMONS**

**TO:** *Lisa Yun*, Assistant United States Attorney  
Room 530, 517 East Wisconsin Avenue, Milwaukee, WI 53202

I acknowledge receipt of your request that I waive service of a summons in the action of *United States v. Shorewood Family Medical Clinic, SC*, Civil Case No. 19-CV-0834, in the United States District Court for the Eastern District of Wisconsin. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I be served with judicial process in the manner provided by Rule 4.

I will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me if an answer or motion under Rule 12 is not served upon you within 60 days after June 4, 2019.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Shorewood Family Medical Clinic, SC, Defendant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

### **DUTY TO AVOID UNNECESSARY COSTS OF SERVICE OF SUMMONS**

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who, after being notified of an action and asked by a plaintiff located in the United States to waive service of a summons, fails to do so will be required to bear the cost of such service unless good cause be shown for its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any relating to the summons or to the service of the summons) and may later object to the jurisdiction of the court or to the place where the action has been brought.

A defendant who waives service must, within the time specified on the waiver form, serve on the plaintiff's attorney a response to the complaint and must also file a signed copy of the response with the court. If the answer or motion is not served within this time, a default judgment may be taken against that defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver was received.



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WISCONSIN

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UNITED STATES OF AMERICA,

Plaintiff,

v.

Case No. 19-CV-0834

SHOREWOOD FAMILY MEDICAL CLINIC, SC,

Defendant.

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CERTIFICATE OF SERVICE BY MAILING

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I, Kim K. Camomilli, a Financial Litigation Agent in the Financial Litigation Unit of the United States Attorney for the Eastern District of Wisconsin; certify that on the 4th day of June, 2019 at Milwaukee, Wisconsin, I properly enclosed in a postage-paid envelope a copy of the Complaint, Exhibit A through H, Civil Cover Sheet, Notice of Lawsuit and Request for Waiver of Service of Summons, two copies of the Waiver of Service and a blank copy of the Consent to Proceed Before a Magistrate Judge in the above-captioned action and mailed same to:

Certified Mail: Numbers: 70070220000112261621 & 70070220000112261485

Jessica L. Gusafson, Esq.  
The Health Law Partners, P.C.  
32000 Northwestern Hwy., Ste 240  
Farmington Hills. MI 48334

Shorewood Family Medical Clinic, SC  
4400 Sheridan Road  
Kenosha, WI 53142

/s/ Kim K. Camomilli  
KIM K. CAMOMILLI  
Financial Litigation Agent  
Financial Litigation Unit